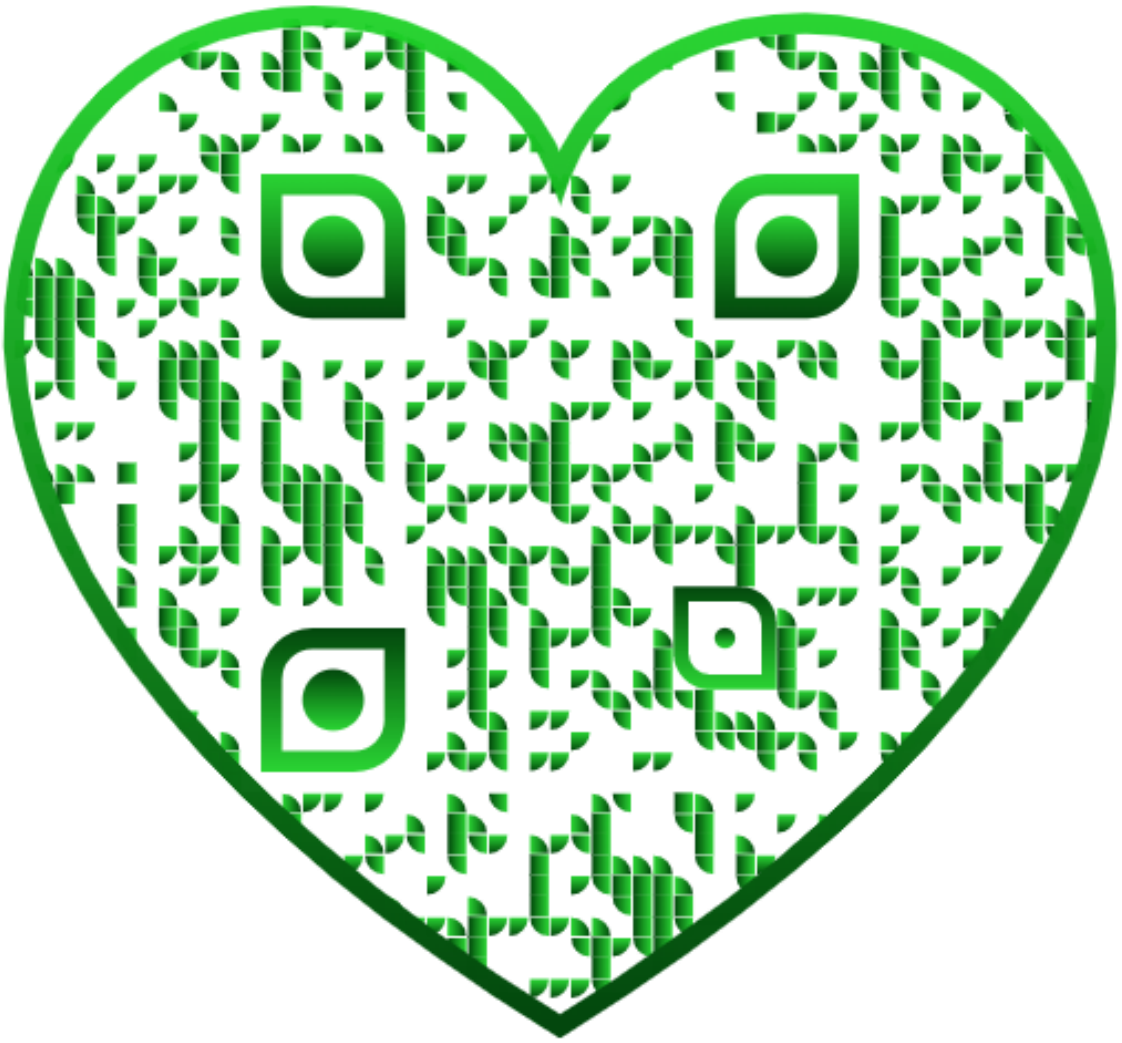
DESCRIPTION:	Multiple Different Size & Shape Will-Defined Red Plaques Covered with White Silvery Scales Present On Extensor Surface of Right Forearm
DIFFERINTIAL DIAGNOSIS:	**1**. Psoriasis **2**. Lichen Planus **3**. Pityriasis Rosea **4**. Eczema **5**. Drug Eruption **6**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Psoriasis
CAUSES:	Unknown, Autoimmune, Genetic
TYPES:	**1**. Psoriasis Vulgaris **2**. Scalp Psoriasis **3**. Nail Psoriasis **4**. Guttat Psoriasis **5**. Psoriasis Inversus **6**. Psoriatic Arthritis **7**. Erythrodermic Psoriasis **8**. Pustular Psoriasis (Generalized & Palmo-Planter)
SEVERE TYPES:	**1**. Psoriatic Arthritis **2**. Erythrodermic Psoriasis **3**. Generalized Pustular Psoriasis
DIAGNOSIS & INVESTIGATIONS:	Clinically By Auspitz Sign & Candle Sign Laboratory By Skin Biopsy Which Reveals: Hyperkeratosis Acanthosis & Parakeratosis
TREATMENT:	Local: Emollients (Vasline), Keratolytic Agent (Salicylic Acid), Coal Tar or Dithranol, Topical Retinoids, Topical Vitamin D Analogus, Tacrolimus Systemic: PUVA (Psoraline + UVA), Systemic Retinoids, Cyclosporin A In Case of Psoriatic Arthritis Give Methotrexate + Folic Acid

DR. MOHCEN AL. HAJ



DESCRIPTION:	Single Large Will-Defined Red Plaque Covered with White Silvery Scales Present On Extensor Surface of Left Elbow
DIFFERINTIAL DIAGNOSIS:	**1**. Psoriasis **2**. Lichen Planus **3**. Pityriasis Rosea **4**. Eczema **5**. Drug Eruption **6**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Psoriasis
CAUSES:	Unknown Autoimmune Genetic
TYPES:	**1**. Psoriasis Vulgaris **2**. Scalp Psoriasis **3**. Nail Psoriasis **4**. Guttat Psoriasis **5**. Psoriasis Inversus **6**. Psoriatic Arthritis **7**. Erythrodermic Psoriasis **8**. Pustular Psoriasis (Generalized & Palmo-Planter)
SEVERE TYPES:	**1**. Psoriatic Arthritis **2**. Erythrodermic Psoriasis **3**. Generalized Pustular Psoriasis
DIAGNOSIS & INVESTIGATIONS:	Clinically: By Auspitz Sign & Candle Sign Laboratory: By Skin Biopsy Which Reveals: Hyperkeratosis Acanthosis & Parakeratosis
TREATMENT:	Local: Emollients (Vasline), Keratolytic Agent (Salicylic Acid), Coal Tar or Dithranol, Topical Retinoids, Topical Vitamin D Analogus, Tacrolimus Systemic: PUVA (Psoraline + UVA), Systemic Retinoids, Cyclosporin A In Case of Psoriatic Arthritis Give Methotrexate + Folic Acid

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Large Will-Defined Red Plaque Covered with White Silvery Scales Present On the Scalp Following Hair Line
DIFFERINTIAL DIAGNOSIS:	**1.** Scalp Psoriasis **2.** Seborrhoic Dermatitis (Eczema) **4.** Favus (Fungal Infection) **5.** Drug Eruption
MOST LIKELY DIAGNOSIS:	Scalp Psoriasis
CAUSES:	Unknown Autoimmune Genetic
OTHER TYPES:	**1.** Psoriasis Vulgaris **2.** Nail Psoriasis **3.** Guttat Psoriasis **4.** Psoriasis Inversus **5.** Psoriatic Arthritis **6.** Erythrodermic Psoriasis **7.** Pustular Psoriasis (Generalized & Palmo-Planter)
SEVERE TYPES:	**1.** Psoriatic Arthritis **2.** Erythrodermic Psoriasis **3.** Generalized Pustular Psoriasis
DIAGNOSIS & INVESTIGATIONS:	Clinically: By Auspitz Sign & Candle Sign Laboratory: By Skin Biopsy Which Reveals: Hyperkeratosis Acanthosis & Parakeratosis
TREATMENT:	Local: Emollients (Vasline), Keratolytic Agent (Salicylic Acid), Coal Tar or Dithranol, Topical Retinoids, Topical Vitamin D Analogus, Tacrolimus Systemic: PUVA (Psoraline + UVA), Systemic Retinoids, Cyclosporin A In Case of Psoriatic Arthritis Give Methotrexate + Folic Acid

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Will-Defined Red Papules & Plaques Covered with White Silvery Scales Present On The Back
DIFFERINTIAL DIAGNOSIS:	**1**. Guttate Psoriasis **2**. Pityriasis Rosea **3**. Secondary Syphilis **4**. Drug Eruption **5**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Guttate Psoriasis
CAUSES:	Groupe A Beta Hemolytic Streptococci
OTHER TYPES:	**1**. Psoriasis Vulgaris **2**. Nail Psoriasis **3**. Scalp Psoriasis **4**. Psoriasis Inversus **5**. Psoriatic Arthritis **6**. Erythrodermic Psoriasis **7**. Pustular Psoriasis (Generalized & Palmo-Planter)
SEVERE TYPES:	**1**. Psoriatic Arthritis **2**. Erythrodermic Psoriasis **3**. Generalized Pustular Psoriasis
DIAGNOSIS & INVESTIGATIONS:	Clinically: By Auspitz Sign & Candle Sign Laboratory: By Skin Biopsy Which Reveals: Hyperkeratosis Acanthosis & Parakeratosis
TREATMENT:	Local: Emollients (Vasline), Keratolytic Agent (Salicylic Acid), Coal Tar or Dithranol, Topical Retinoids, Topical Vitamin D Analogus, Tacrolimus Systemic: PUVA (Psoraline + UVA), Systemic Retinoids, Cyclosporin A In Case of Psoriatic Arthritis Give Methotrexate + Folic Acid

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Will-Defined Purple Plaques Covered with White Scales Present On the Dorsum of the Hand & Fingers
DIFFERINTIAL DIAGNOSIS:	**1.** Lichen Planus **2.** Psoriasis **3.** Pityriasis Rosea **4.** Eczema **5.** Drug Eruption **6.** Fungal Infection
MOST LIKELY DIAGNOSIS:	Lichen Planus
CAUSES:	Unknown Autoimmune Genetic Viral Infection (Hepatitis B & C) Drugs (Diuritics, ACE Inhibitors)
TYPES:	**1.** Classical **2.** Atrophic **3.** Hypertrophic **4.** Erythrodermic **5.** Ulcerative **6.** Linear **7.** Follicular **8.** Annular **9.** Actinic
DIAGNOSIS & INVESTIGATIONS:	Clinically Laboratory: By Skin Biopsy Which Reveals: Hypergranulosis, Basal Cell Layer Degerneration with Saw Teeth Appearance & Colloid Bodies
TREATMENT:	Self-Limiting Within 9-12 Months Local Steroid Anti Histamine Systemic Steroid Maybe Used in Some Cases PUVA Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Will-Defined Red Papules & Single Large Patch Covered with White Silvery Scales Present On The Trunk
DIFFERINTIAL DIAGNOSIS:	**1**. Pityriasis Rosea **2**. Guttate Psoriasis **3**. Secondary Syphilis **4**. Drug Eruption **5**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Pityriasis Rosea
CAUSES:	Unknown Viral Infection (Influenza)
DIAGNOSIS & INVESTIGATIONS:	Clinically Laboratory: By Skin Biopsy Which Reveals: Focal Parakeratosis & Hyperplasia
TREATMENT:	Self-Limiting Within 4-6 Weeks Local Steroid Anti Histamine Systemic Steroid Maybe Used in Some Cases

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Bilateral Different Size & Shape Will-Defined Macules & Patches Scattered On the Dorsum of the Hand & Fingers
DIFFERINTIAL DIAGNOSIS:	**1**. Vitiligo **2**. Leprosy **3**. Pityriasis Vesicolor **4**. Pityriasis Alba **5**. Post Traumatic **6**. Post Inflammatory
MOST LIKELY DIAGNOSIS:	Vitiligo
PATHOGENIC THEORIES:	Autoimmune Threory, Neurotoxic Theory, Self-Distruction Theory
TYPES:	**1**. Acral Type **2**. Segmental Type **3**. Universalis **4**. Vulgaris **5**. Acro-Facial **6**. Mucus Mambranus
DIAGNOSIS & INVESTIGATIONS:	Clinically Woods Lamp → Milky White or Chalky White Laboratory: CBC (Lymphocytosis), Serology (Anti Melanocyte Ab) Skin Biopdy (Absent of Melanocyte)
TREATMENT:	Reassurance + Sun Screen If Local Vitiligo Give Local Steroid or Tacroliumus + Camouflage If Diffuse Vitiligo Give PUVA + Systemic Steroid Melanocyte Graft If It is Possible Depigmentation Therapy By Using Monobenzylether Hydroquinone For 3-12 Months Especially If Vitiligo Present in >90% of Body Surface

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Will-Defined Macules & Patches Scattered On the Both Upper Limbs, Shouders, Chest & Abdomen
DIFFERINTIAL DIAGNOSIS:	**1**. Vitiligo **2**. Leprosy **3**. Pityriasis Vesicolor **4**. Pityriasis Alba **5**. Post Traumatic **6**. Post Inflammatory
MOST LIKELY DIAGNOSIS:	Vitiligo
PATHOGENIC THEORIES:	Autoimmune Threory, Neurotoxic Theory, Self-Distruction Theory
TYPES:	**1**. Acral Type **2**. Segmental Type **3**. Universalis **4**. Vulgaris **5**. Acro-Facial **6**. Mucus Mambranus
DIAGNOSIS & INVESTIGATIONS:	Clinically Woods Lamp → Milky White or Chalky White Laboratory: CBC (Lymphocytosis), Serology (Anti Melanocyte Ab) Skin Biopdy (Absent of Melanocyte)
TREATMENT:	Reassurance + Sun Screen If Local Vitiligo Give Local Steroid or Tacroliumus + Camouflage If Diffuse Vitiligo Give PUVA + Systemic Steroid Melanocyte Graft If It is Possible Depigmentation Therapy By Using Monobenzylether Hydroquinone For 3-12 Months Especially If Vitiligo Present in >90% of Body Surface

DR. MOHCEN AL. HAJ

NAME:	Woods Lamp
WAVE LENGTH:	365 Nanometer
USES:	**Diagnosis of:** **1.** Vitiligo **2.** Erythrasma **3.** Pityriasis Vesicolor **4.** Tinea Capitis
COLORS:	**1.** Vitiligo → Milkey White or Chalky White **2.** Erythrasma → Coral Red **3.** Pityriasis Vesicolor → Golden Yellow **4.** Tinea Capitis → Flourscence Green

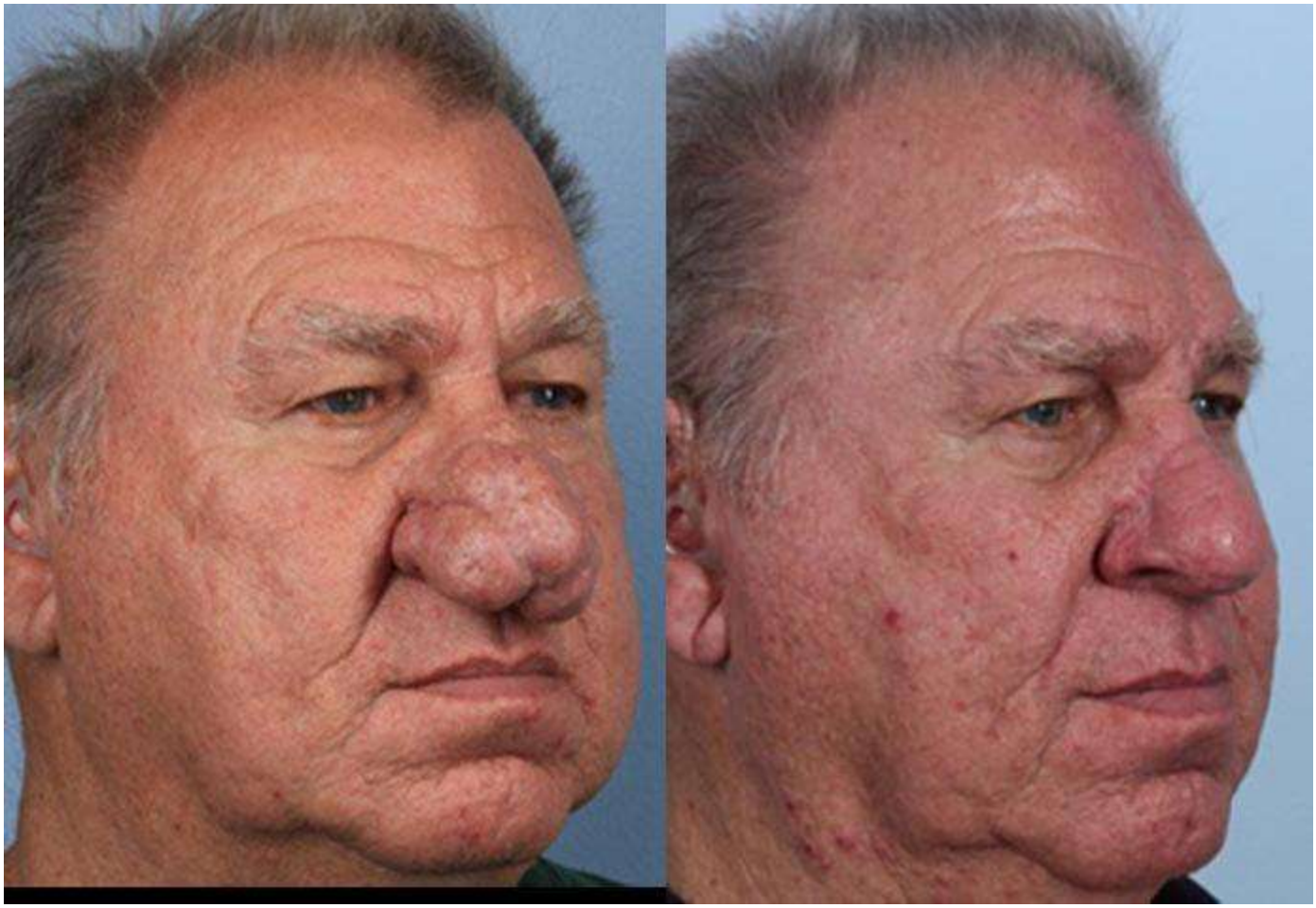
DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Oval Will-Defined Patch of Hair Loss with No Signs of Inflammation & No Secondary Skin Lesions Presenr On Scalp
DIFFERINTIAL DIAGNOSIS:	**1**. Alopecia Areata **2**. Androgenic Alopecia **3**. Tractional Alopecia **4**. Trichotelomenia **5**. Non Inflammatory Tinea Capitis (Fungal Infection)
MOST LIKELY DIAGNOSIS:	Alopecia Areata
TYPES:	**1**. Alopecia Totalis **2**. Alopecia Universalis **3**. Ophiasis Pattern
POOR PROGNOSTIC FEATURES:	**1**. Alopecia Totalis **2**. Alopecia Universalis **3**. Ophiasis Pattern **4**. Nail Changes **5**. Young Patient **6**. If Associated with Done Syndrome or Atopy
DIAGNOSIS & INVESTIGATIONS:	Clinically Laboratory: By Skin Biopsy Which Reveals: Lymphocyte (T-Cells) Infiltration
TREATMENT:	Reassurance Local or Intra-Lesion Steroids Local Tacrolimus Dithranol Minoxidil Systemic Immune Therapy (Cyclopsporin, Baricitinib) PUVA Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Red Papules & Pastules Scattered On the Forehead
DIFFERINTIAL DIAGNOSIS:	**1**. Acne **2**. Rosecea **3**. Worts **4**. Eczema **5**. Drug Eruption **6**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Acne
TYPES:	**1**. Acne Vulgaris **2**. Infantile Acne **3**. Excoriated Acne **4**. Drug Induced Acne **5**. Steroid Induced Acne **6**. Acne Conglubata (Severe) **7**. Acne Fulminance (Severe)
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Investigations Except ➢ If Lady Presented with Acne & Hairisitism Do Ultrasound Abdomen & Hormonal Assay to Exclude PCOs ➢ In Case of Severe Types Send CBC & Swab For Culture & Sensitivity
TREATMENT:	Grade I & II Mild: Topical Erythromycin Combined with Benzyl Peroxide Topical Retinoids (Tretinoin) Azelaic Acid (Reduce Post Inflammatory Pigmentation) Grade II Sever & Grade III: Sytemic Tetracycline For 6 Weeks or Doxycycline or Clindamycin Sytemic Retinoids (Tretinoin or Isotretinoin) For 3 to 4 Months

DR. MOHCEN AL. HAJ



NAME:	Rhinophyma
DISEASE:	Rosacea
OTHER COMPLICATIONS:	**1.** Blepheritis **2.** Red Eys **3.** Edema Around the Eye
TREATMENT:	**1.** Topical Metronidazole **2.** Topical Antibiotic (Erythromycin) **3.** Azelaic Acid **4.** Sytemic Antibiotic (Tetracycline or Doxycycline or Clindamycin) **5.** Sytemic Retinoids (Tretinoin or Isotretinoin) Maybe Used

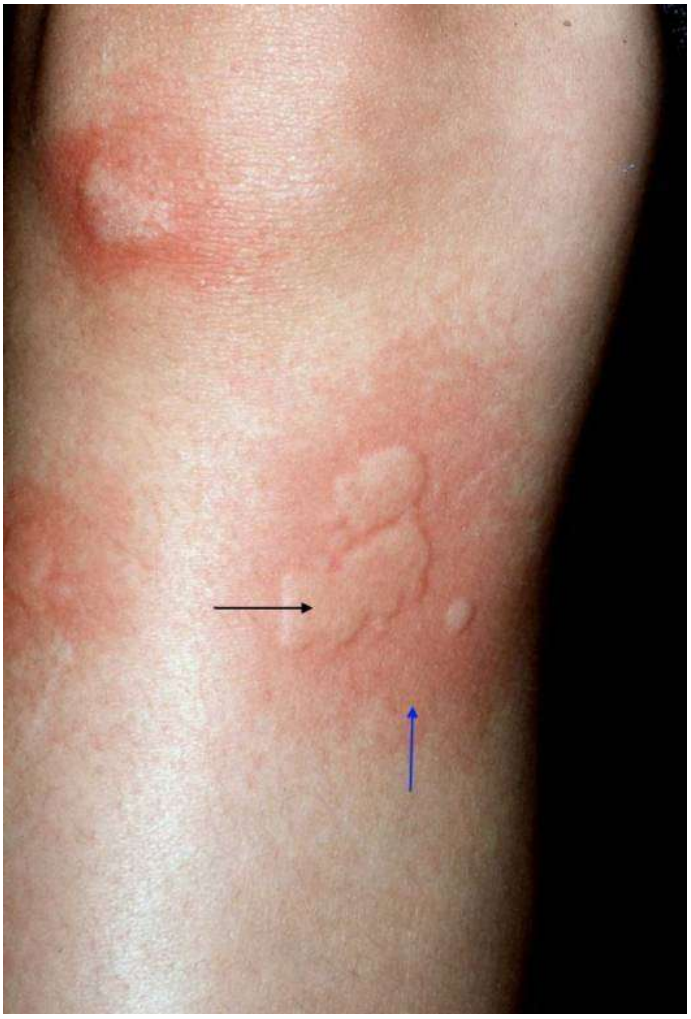
DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Bilateral Red Nodules Present On Anterior Aspect of Both Legs
DIFFERINTIAL DIAGNOSIS:	**1**. Erythema Nodosum **2**. Erytherma Induratum **3**. Insect Bite **4**. Phlepitis **5**. Eczema **6**. Drug Eruption **7**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Erythema Nodosum
CAUSES:	Sterptococci (Most Common) Bacterial (TB, Mycoplasma, Salmonella, Shigella) Parasite (Toxoplasmosis) Drugs (OCP, Sulphonamides, Gold) Bachcet Disease, Crhons Disease Idiopathic
DIAGNOSIS & INVESTIGATIONS:	Clinically Laboratory: CBC, ESR, CRP Throat Swab (ASO Titer), Chest X Ray & Tuberculin Test (to Exclude TB)
TREATMENT:	Bed Rest Elevation of Legs Cold Compression NSAIDs (Indomethacin or Aspirin or Colchicine) Topical Antibiotics Systemic Antibiotic Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Target Lesions Present On the Palm of the Hand & Fingers
DIAGNOSIS:	Erythema Mutiform
TYPES:	**1**. Erythema Multiform Minor **2**. Erythema Multiform Major **3**. Steven Johnson Syndrome (SJS) → Severe Type **4**. Toxic Epidermolytic Toxica (TEN) → Severe Type
CAUSES:	Herpes Simplex (Most Common) Viral (HIV, Hepatitis B, Mumps, Meals) Bacterial (Mycoplasma Pneumonia) Drugs (OCP, Sulphonamides, Penicillin, Barbiturates) Idiopathic
COMPLICATIONS:	**1**. Red Eye (Conjunctivitis, Uveitis), Blindness **2**. Dehydration & Secondary Bacterial Infection **3**. Pneumonia **4**. Renal & Liver Failure
DIAGNOSIS & INVESTIGATIONS:	Clinically No Specific Laboratory Test: CBC, ESR, CRP
TREATMENT:	Erythema Multiform Minor: Self Limiting (4-6 Weeks) Others: Admission, IV Fluid, Topical Steroid, Systemic Steroid, Systemic Acyclovir 400mg, Systemic Antibiotic Maybe Used

DR. MOHCEN AL. HAJ



DESCRIPTION:	Multiple Different Size & Shape Wheals Present On Anterior Aspect of Right Leg
DIAGNOSIS:	Urticaria
TYPES:	**1**. Solar Urticaria **2**. Colar Urticaria **3**. Pressure Urticaria **4**. Vibration Urticaria **5**. Cholinergic Urticaria **6**. Dermographism Urticaria **7**. Aquagenic Uricaria
COMPLICATIONS:	**1**. Hypotension **2**. Shock (Anaphylactic) **3**. Angioedema **4**. Laryngeal Edema
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations
TREATMENT:	Systemic Steroid (Hydrocortisone Usually Single Dose) Anti Histamine In Case of Laryngeal Edema Give IM or S/C Adrenaline

DR. MOHEEN AL. HAJ

DIAGNOSIS:	Lamerllar Ichthyosis
PATHOGNOMONIC FEATURE:	Bilateral Ectropion
OTHER CLINICAL TYPES:	Ichthyosis Vulgaris Icthyrosis Negricans
DIAGNOSIS & INVESTIGATIONS:	Clinically
TREATMENT:	No Specific Treatment Symptomatic Treatment: Emolients & Keratolytic Agents Retinoid Maybr Used Treat Eyes Complications

DR. MOHCEN AL. HAJ

DESCRIPTION:	Thick Honey Yellow Crust Adherent Around the Mouth & Nostrils
DIFFERINTIAL DIAGNOSIS:	**1**. Impetigo **2**. Herpes Simplex **3**. Herpes Zoster **4**. Eczema **5**. Drug Eruption **6**. Burns **7**. Chemicals
MOST LIKELY DIAGNOSIS:	Impetigo Contagiosum
TYPES:	**1**. Non Bullous Impetigo (Most Common) **2**. Bullous Impetigo
CAUSATIVE ORGANISM:	**1**. Non Bullous Impetigo → Staphylococci & Streptococci **2**. Bullous Impetigo → Staphylococci Only
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Erysipelas, Cellulitis, Glomerulonephritis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations (May: CBC, CRP, Swab Culture)
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Potassium Permengenate Systemic Antibiotic Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Oval Irregular Ulcer On Erythematous Base Covered with Yellow Crust Present On the Lower Limb
DIFFERINTIAL DIAGNOSIS:	**1.** Ecthyma **2.** Cutaneous Leishmmaniasis **3.** Syphilis **4.** Squamous Cell Carcinoma **5.** Basal Cell Carcinoma **6.** Venous Ulcer **7.** Traumati Ulcer **8.** Drug Eruption
MOST LIKELY DIAGNOSIS:	Ecthyma
CAUSATIVE ORGANISM:	Staphylococci & Streptococci
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Erysipelas, Cellulitis, Glomerulonephritis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations (May: CBC, CRP, Swab Culture)
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Potassium Permengenate Systemic Antibiotic Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Red Nodule On Erythematous Base with Single Yellow Pustule Present On the Base of the Neck
DIFFERINTIAL DIAGNOSIS:	**1.** Cutaneous Leishmmaniasis **2.** Furuncle **3.** Carbuncle **4.** Syphilis **5.** Lupus Vulgaris **6.** Basal Cell Carcinoma **7.** Squamous Cell Carcinoma
MOST LIKELY DIAGNOSIS:	Furuncle
CAUSATIVE ORGANISM:	Staphylococci
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Erysipelas, Cellulitis, Glomerulonephritis, Cavernous Sinus Thrombosis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations Except: Send Swab For Culture & Sensitivity, CBC, CRP
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Systemic Antibiotic (Flucloxaciline or Vancomycine) Drain the Pus

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Red Nodule On Erythematous Base Discharging Pus From Single Opening Present On the Back of the Neck
MOST LIKELY DIAGNOSIS:	Furuncle
CAUSATIVE ORGANISM:	Staphylococci
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Erysipelas, Cellulitis, Glomerulonephritis, Cavernous Sinus Thrombosis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations Except: Send Swab For Culture & Sensitivity, CBC, CRP
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Systemic Antibiotic (Flucloxaciline or Vancomycine) Drain the Pus

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Large Red Nodules On Erythematous Bases Discharging Pus From Multiple Openings Present On the Back of the Neck
MOST LIKELY DIAGNOSIS:	Multiple Carbuncles
CAUSATIVE ORGANISM:	Staphylococci
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Erysipelas, Cellulitis, Glomerulonephritis, Cavernous Sinus Thrombosis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations Except: Send Swab For Culture & Sensitivity, CBC, CRP Screening For DM (Fasting Blood Sugar & HbA1c)
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Systemic Antibiotic (Flucloxaciline or Vancomycine) Drain the Pus

DR. MOHCEN AL. HAJ

DESCRIPTION:	Ill-Defined Shiny Large Red Swelling On the Dorsum of the Foot
DIFFERINTIAL DIAGNOSIS:	**1**. Cellulitis **2**. Erysipelas **3**. Insect Bite **4**. Phlepitis **5**. Eczema **6**. Drug Eruption **7**. Fungal Infection **8**. DVT **9**. Trauma
MOST LIKELY DIAGNOSIS:	Cellulitis
CAUSATIVE ORGANISM:	Streptococci, Staphylococci & H. Influenza
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Glomerulonephritis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations Except: Send Swab For Culture & Sensitivity, CBC, CRP
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Systemic Antibiotic (Flucloxaciline or Vancomycine or Peniillin)

DR. MOHCEN AL. HAJ

DESCRIPTION:	Will-Defined Large Red Swelling Present On the Right Cheek
DIFFERINTIAL DIAGNOSIS:	**1**. Cellulitis **2**. Erysipelas **3**. Insect Bite **4**. Phlepitis **5**. Eczema **6**. Drug Eruption **7**. Fungal Infection **8**. Trauma
MOST LIKELY DIAGNOSIS:	Erysipelas
CAUSATIVE ORGANISM:	Streptococci
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema Cellulitis, Glomerulonephritis
DIAGNOSIS & INVESTIGATIONS:	Clinically No Need For Laboratory Investigations Except: Send Swab For Culture & Sensitivity, CBC, CRP
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Systemic Antibiotic (Flucloxaciline or Vancomycine or Peniillin)

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Large Will-Defined Irregular Brown Patch Present On Axilla
DIFFERINTIAL DIAGNOSIS:	**1**. Erythrasma **2**. Candidiasis **3**. Psoriasis Inversus **4**. Eczema **5**. Drug Eruption **6**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Erythrasma
CAUSATIVE ORGANISM:	Coryneabacterium
COMPLICATIONS:	Abscess, Bactereamia, Toxieamia, Spticeamia, Lymphangitis, Lymphadenitis, Lymphedema
DIAGNOSIS & INVESTIGATIONS:	Clinically Woods Lamp → Coral Red
TREATMENT:	Topical Antibiotic (Fucidin Ointment) Topical Anti Fungal Systemic Antibiotic Maybe Used Systemic Anti Fungal Maybe Used

DR. MOHCEN AL. HAJ

DIAGNOSIS:	Lepromatous Leprosy
CAUSATIVE ORGANISM:	Micobacterium Leprae
OTHER CLINICAL TYPES:	Tuberculoid Leprosy Mid-Border Line Leprosy Border Line Tuberuloid Leprosy Border Line Lerpromatous Leprosy Indeterminate Leprosy
DIAGNOSIS & INVESTIGATIONS:	Clinically Laboratory Include: Skin Biopsy By Slit & Smear Using Zeihl-Nelsen Stain Lepromin Skin Test Serology, CBC, LFT
TREATMENT:	Dapson (PABA Antagonist So Prevent Folic Acid Formation) Rifampicin (Inhibit Bacterial DNA Synthesis) Clofazimine (No Longer Used) Clarithromycin Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Large Apple Jelly Nodule Present On the Right Cheek
DIFFERINTIAL DIAGNOSIS:	**1.** Lupus Vulgaris **2.** Cutaneous Leishmmaniasis **3.** Furuncle **4.** Carbuncle **5.** Syphilis **6.** Basal Cell Carcinoma **7.** Squamous Cell Carcinoma
MOST LIKELY DIAGNOSIS:	Lupus Vulgaris
CAUSATIVE ORGANISM:	Mycobacterium Tuberculous
COMPLICATIONS:	Pre-Malignant, Scarring
DIAGNOSIS & INVESTIGATIONS:	Clinically Skin Biopsy Using Zeihl-Nelsen Stain Tuberculin Skin Test
TREATMENT:	Surgical Excision of Scar Anti- TB For 9 Months

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size Vesicles On Erythematous Base Present On the Angle of the Mouth
DIFFERINTIAL DIAGNOSIS:	**1**. Herpes Simplex **2**. Herpes Zoster **3**. Impetigo **4**. Eczema **5**. Drug Eruption **6**. Burns **7**. Chemicals
MOST LIKELY DIAGNOSIS:	Herpes Simples Type I (Herpes Libialis)
CAUSATIVE ORGANISM:	Herpes Simlpex Virus (HSV)
TYPES:	**1**. Herpes Libialis **2**. Genital Herpes **3**. Herpatic Gingivo-Stomatitis **4**. Herpatic Pharyngo-Tonsillitis **5**. Herpatic Whitlow **6**. Herpes Gladiatorum **7**. Eczema Herpaticum
COMPLICATIONS:	**1**. Secondary Bacterial Infection **2**. Erythema Multiform **3**. Eczema Herpaticum **4**. Corneal Ulcer **5**. Meningitis & Encephalitis **6**. Cancer Cervix **7**. Dissemination of Virus in Low Immune Patients
DIAGNOSIS & INVESTIGATIONS:	Clinically Tzank Smear Using Giemza Stain Which Reveals: Multinucleated Giant Cells PCR, Serology
TREATMENT:	Topical Acyclovir 5%, 5 Times Per Day, For 5 Days Systemic Acyclovir (Oral or IV) In Case of: Genital Herpes, Neonatal Herpes, Eczema Herpaticum, Immunocompremized Patients

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Unilateral Different Size & Shape Vesicles On Erythematous Base Following Dermatome Present On the Left Side of the Chest
DIFFERINTIAL DIAGNOSIS:	**1**. Herpes Zoster **2**. Herpes Simplex **3**. Impetigo **4**. Eczema **5**. Drug Eruption **6**. Burns **7**. Chemicals **8**. Dermatitis Herpitiformis
MOST LIKELY DIAGNOSIS:	Herpes Zoster
CAUSATIVE ORGANISM:	Varicella Zoster Virus (VZV)
PRIMARY INFECTION:	Chicken Pox
COMPLICATIONS:	**1**. Secondary Bacterial Infection **2**. Corneal Ulcer **3**. Meningitis **4**. Facial Nerve Palsy **5**. Post Herpatic Neuralgia **6**. Post Herpatic Scar **7**. Dissemination of Virus in Low Immune Patient
DIAGNOSIS & INVESTIGATIONS:	Clinically Tzank Smear Using Giemza Stain Which Reveals: Multinucleated Giant Cells PCR, Serology
TREATMENT:	Systemic Acyclovir Oral 800mg, 5 Times Per Day, For 7 to 10 Days Topical & SystemicAnalgesia (Ibuprofen) Gabapentin Maybe Used Oral Vitamin B6 & B12

DR. MOHCEN AL HAJ

MOST LIKELY DIAGNOSIS:	Hutchinson's Sign
DISEASE:	Herpes Zoster
CAUSATIVE ORGANISM:	Varicella Zoster Virus (VZV)
PRIMARY INFECTION:	Chicken Pox
COMPLICATIONS:	**1**. Secondary Bacterial Infection **2**. Corneal Ulcer **3**. Meningitis **4**. Facial Nerve Palsy **5**. Post Herpatic Neuralgia **6**. Post Herpatic Scar **7**. Dissemination of Virus in Low Immune Patient
DIAGNOSIS & INVESTIGATIONS:	Clinically Tzank Smear Using Giemza Stain Which Reveals: Multinucleated Giant Cells PCR, Serology
TREATMENT:	Systemic Acyclovir Oral 800mg, 5 Times Per Day, For 7 to 10 Days Topical & SystemicAnalgesia (Ibuprofen) Gabapentin Maybe Used Oral Vitamin B6 & B12

DR. MOHCEN AL. HAJ

MOST LIKELY DIAGNOSIS:	Ramsey Hunt Syndrome
DISEASE:	Herpes Zoster
CAUSATIVE ORGANISM:	Varicella Zoster Virus (VZV)
PRIMARY INFECTION:	Chicken Pox
COMPLICATIONS:	**1**. Secondary Bacterial Infection **2**. Corneal Ulcer **3**. Meningitis **4**. Facial Nerve Palsy **5**. Post Herpatic Neuralgia **6**. Post Herpatic Scar **7**. Dissemination of Virus in Low Immune Patient
DIAGNOSIS & INVESTIGATIONS:	Clinically Tzank Smear Using Giemza Stain Which Reveals: Multinucleated Giant Cells PCR, Serology
TREATMENT:	Systemic Acyclovir Oral 800mg, 5 Times Per Day, For 7 to 10 Days Topical & SystemicAnalgesia (Ibuprofen) Gabapentin Maybe Used Oral Vitamin B6 & B12

DR. MOHCEN AL. HAJ

<table>
<tr><td>DESCRIPTION:</td><td>Single Papule with Multiple Black Dots Present On the Planter Surface</td></tr>
<tr><td>DIFFERINTIAL DIAGNOSIS:</td><td>1. Planter Wart 2. Callosity 3. Forign Body</td></tr>
<tr><td>MOST LIKELY DIAGNOSIS:</td><td>Planter Wart</td></tr>
<tr><td>CAUSATIVE ORGANISM:</td><td>Human Papilloma Virus (HPV)</td></tr>
<tr><td>COMPARE BETWEEN YOUR DEFFIRINTIAL DIAGNOSIS:</td><td><table><tr><td>Planter Wart:
Black Dot
Bleeds After Scrapping
Present Anywhere
Painfull Side to Side</td><td>Callosity:
No Black Dot
Doesn’t Bleed
Present in Pressure Areas
Painfull Vertically</td></tr></table></td></tr>
<tr><td>DIAGNOSIS & INVESTIGATIONS:</td><td>Clinically</td></tr>
<tr><td>TREATMENT:</td><td>Topical Salicylic Acid
Cryotherapy By Liquid Nitrogen (Temperature: -196)</td></tr>
</table>

DR. MOHCEN AL HAJ

DESCRIPTION:	Single Will-Defined Oval Patch of Hair Loss with No Signs of Inflammation & No Secondary Skin Lesion Present On Scalp
DIFFERINTIAL DIAGNOSIS:	**1.** Non Inflammatory Tinea Capitis **2.** Alopecia Areata **3.** Androgenic Alopecia **4.** Tractional Alopecia **5.** Trichotelomenia
MOST LIKELY DIAGNOSIS:	Non Inflammatory Tinea Capitis
OTHER CLINICAL TYPES:	Kerion (Inflammatory) Favus (Inflammatory)
DIAGNOSIS & INVESTIGATIONS:	Clinically KOH Microscopic Examination Which Reveals: Hyphea & Spores Woods Lamp → Flurescence Green
TREATMENT:	Systemic Anti Fungal (Grisofulvin 20mg x Kg For 6 Weeks) or Systemic Terpinafine

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Red Nodule Covered with Yellow Crust Present On Will-Defined Oval Patch of Hair Loss Present On Scalp
DIFFERINTIAL DIAGNOSIS:	**1**. Kerion **2**. Lupus Vulgaris **3**. Cutaneous Leishmmaniasis **4**. Furuncle **5**. Carbuncle **6**. Syphilis **6**. Basal Cell Carcinoma **7**. Squamous Cell Carcinoma
MOST LIKELY DIAGNOSIS:	Kerion
OTHER CLINICAL TYPES:	Inflammatory Tinea Capitis Favus (Inflammatory)
DIAGNOSIS & INVESTIGATIONS:	Clinically KOH Microscopic Examination Which Reveals: Hyphea & Spores Woods Lamp → Flurescence Green
TREATMENT:	Systemic Anti Fungal (Grisofulvin 20mg x Kg For 6 Weeks) or Systemic Terpinafine Topical Steroid Maybe Used in Severe Cases

DR. MOHCEN AL. HAJ

DESCRIPTION:	Diffuse Yellow Crust Adherent On Scalpe with Multiple Patches of Hair Loss Present On Scalp
DIFFERINTIAL DIAGNOSIS:	**1**. Favus **2**. Scalp Psoriasis **3**. Sebhorroic Dermatitis
MOST LIKELY DIAGNOSIS:	Favus
OTHER CLINICAL TYPES:	Inflammatory Tinea Capitis Favus (Inflammatory)
DIAGNOSIS & INVESTIGATIONS:	Clinically (Mouse Smell) KOH Microscopic Examination Which Reveals: Hyphea & Spores Woods Lamp → Flurescence Green
TREATMENT:	Systemic Anti Fungal (Grisofulvin 20mg x Kg For 6 Weeks) or Systemic Terpinafine Topical Steroid Maybe Used in Severe Cases

DR. MOHCEN AL. HAJ

DESCRIPTION:	Multiple Different Size & Shape Hypopigmented Macules & Patches Scattered On the Neck & Back
DIFFERINTIAL DIAGNOSIS:	**1**. Pityriasis Vesicolor **2**. Pityriasis Alba **3**. Post Inflammatory **4**. Post Traumatic **5**. Vitiligo **6**. Leprosy
MOST LIKELY DIAGNOSIS:	Pityriasis Vesicolor
CAUSATIVE ORGANISM:	Malassezia Furfur
DIAGNOSIS & INVESTIGATIONS:	Clinically KOH Microscopic Examination Which Reveals Spaghetti Meat Ball Form Woods Lamp → Golden Yellow
TREATMENT:	Topical Anti Fungal Ketoconazole (Nizoral Shampoo) Selenium Sulfate Shampoo Systemic Anti Fungal (Itrakonazole 100mg or Fluconazole 150mg) Salicylic Acid Maybe Used

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Oval Regular Ulcer On Erythematous Base Covered with Yellow Crust Present On the Lower Limb (Leg)
DIFFERINTIAL DIAGNOSIS:	**1**. Cutaneous Leishmaniasis **2**. Ecthyma **3**. Syphilis **4**. Squamous Cell Carcinoma **5**. Basal Cell Carcinoma **6**. Venous Ulcer **7**. Traumati Ulcer **8**. Drug Eruption
MOST LIKELY DIAGNOSIS:	Cutaneous Leishmaniasis or Oriented Sore (If Painless Ulcer)
CAUSATIVE ORGANISM:	Leshmania Donovani
TYPES:	**1**. Leishmania Tropica Major **2**. Leishmania Tropica Minor
VICTOR:	Female Sand Fly (Phlebotomus Papatazii)
RESIRVOIR HOST:	Rodents & Dogs
DIAGNOSIS & INVESTIGATIONS:	Clinically Slit & Smear & Use Giemza Stain Which Reveals Amastigote NNN Media Which Reveals Promastigote Montenigro Test (Not Used)
TREATMENT:	Topical Pentostam (If Single or Two Ulcers) Systemic Pentostam 20mgxKg Give If: Multiple Ulcers, Ear Involevment & Lymphatic Infiltration Miltefosine (Impavido) Pentamidine Crytherapy

DR. MOHCEN AL. HAJ

DEFINE:	Head Louse
DISEASE:	Pediculosis Capitis
DIAGNOSIS & INVESTIGATIONS:	Clinically
TREATMENT:	Hair Shaving Malathion Benzyl Benzoate Gama Benzene Hexachloride Clotricoxazole

DR. MOHCEN AL. HAJ

DESCRIPTION:	Single Oval Regular Ulcer Covered with Hemorrhagic Crust Present On the Upper Lip
DIFFERINTIAL DIAGNOSIS:	**1**. Syphilis **2**. Cutaneous Leishmmaniasis **3**. Ecthyma **4**. Squamous Cell Carcinoma **5**. Basal Cell Carcinoma **6**. Traumati Ulcer **7**. Drug Eruption
MOST LIKELY DIAGNOSIS:	Primary Syphilis (Chuncre)
CAUSATIVE ORGANISM:	Treponema Pallidum
DIAGNOSIS & INVESTIGATIONS:	Clinically Dark Fiel Microsopic Examination Which Reveals: Spiral Shape Organism ith Rotator Movement Serology (TPHA Test & VDRL) Give False Negative
TREATMENT:	Single Dose Penzatine Penicillin 2.4Mega Unit IM Injection

DR. MOHEEN AL. HAJ

DESCRIPTION:	Diffuse Macculo-Papular Rash Scattered On the Back
DIFFERINTIAL DIAGNOSIS:	**1**. Secondary Syphilis **2**. Pityriasis Rosea **3**. Guttate Psoriasis **4**. Drug Eruption **5**. Fungal Infection
MOST LIKELY DIAGNOSIS:	Secondary Syphilis
CAUSATIVE ORGANISM:	Treponema Pallidum
DIAGNOSIS & INVESTIGATIONS:	Clinically Serology: Treponema Heam-Agglutination Test (TPHA) Venereal Disease Research Laboratory Test (VDRL)
TREATMENT:	3 Doses of Penzatine Penicillin 2.4Mega Unit IM Injection For 3 Weeks

DR. MOHCEN AL. HAJ

DIAGNOSIS:	Moth Eaten Alopecia
DISEASE:	Secondary Syphilis
CAUSATIVE ORGANISM:	Treponema Pallidum
DIAGNOSIS & INVESTIGATIONS:	Clinically Serology: Treponema Heam-Agglutination Test (TPHA) Venereal Disease Research Laboratory Test (VDRL)
TREATMENT:	3 Doses of Penzatine Penicillin 2.4Mega Unit IM Injection For 3 Weeks

تحياتي وتمنياتي للجميع بالنجاح .... اللهم آمين يارب العالمين

DR. MOHCEN ALHAJ

دكتور محسن الحاج